

UNICEF AFGHANISTAN

**FINAL PROGRESS REPORT
ON THE
EXPANDED PROGRAMME
ON IMMUNIZATION**

UNITED STATES OF AMERICA

PBA/SC/94/0240-1/1

PERIOD COVERED: JANUARY TO DECEMBER 1995

EXPANDED PROGRAMME ON IMMUNIZATION IN AFGHANISTAN

UNICEF Progress Report No.:	2
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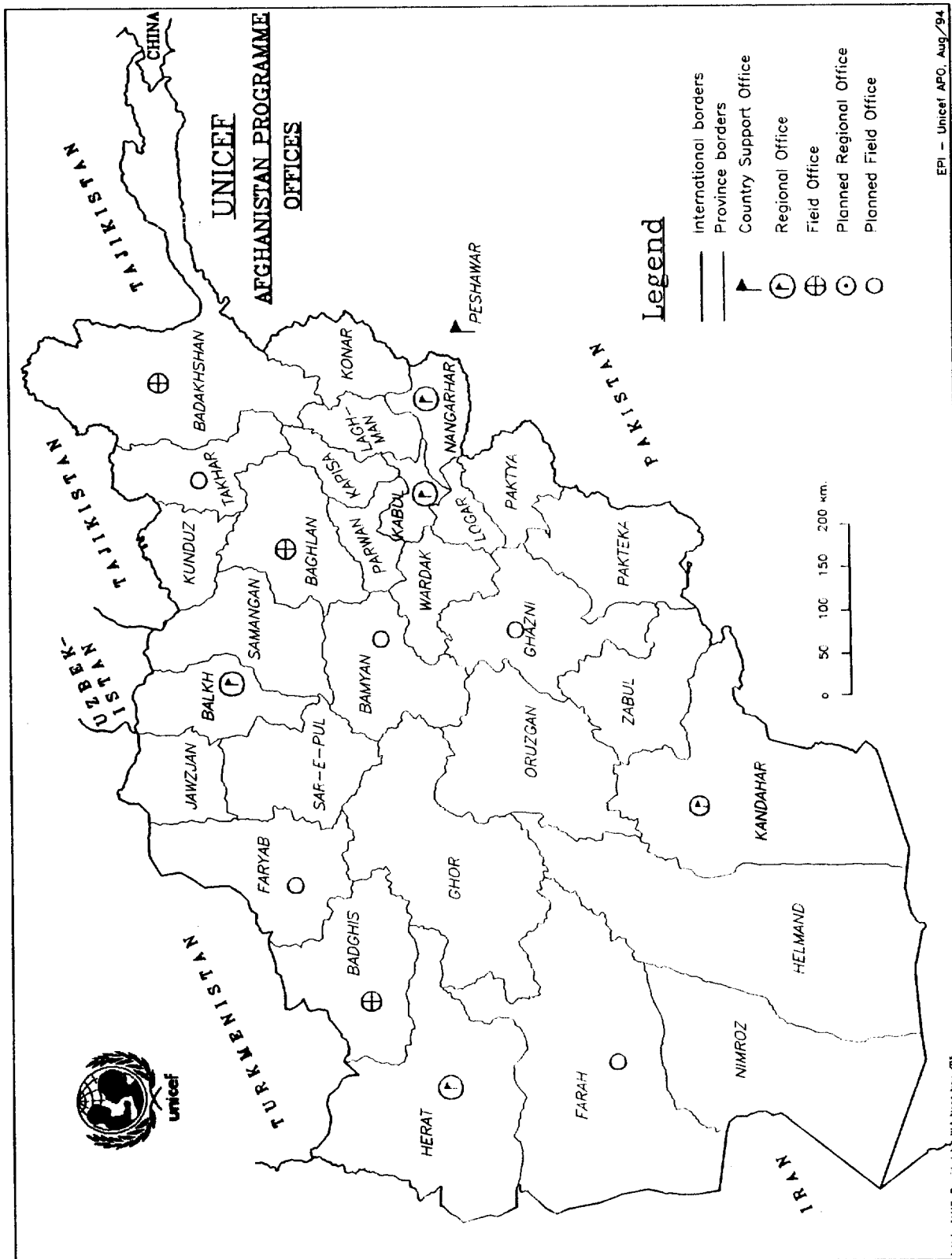
FINAL PROGRESS REPORT

UNICEF Progress Report No.:	2
Government:	United States of America
Assisted Country:	Afghanistan
Assisted Programme/Project:	Emergency Rehabilitation
PBA Number:	SC/94/0240-1/1
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Funds Utilized to Date:	US\$1,875,211.70
Balance of Funds Available:	US\$ 2,833.30
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Period Covered by Report:	January to December 1995
Date Prepared:	December 1995

* Information to be provided by PFO

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EXECUTIVE SUMMARY

In Afghanistan, the prolonged civil conflict, the destruction of most health facilities, and the reduction of Government and donor resources allocation have continued to seriously hamper the delivery of maternal and child health services. As a result, in 1994, the strategy for the implementation of the Expanded Programme of Immunization (EPI) had to be redesigned. Under the leadership of the Ministry of Public Health (MOPH), a National Plan of Action for EPI covering both urban and rural areas, was developed. With the objective of achieving maximum coverage with the limited resources available, it would reinforce the rehabilitation of the health delivery system by establishing regional management groups and fixed EPI units at the district level with outreach capacities.

During 1994 and 1995, the MOPH, WHO and UNICEF continued to work together to bring various non-governmental organizations (NGOs) under a common vaccination policy framework. The emphasis was put on immunization schedules, target population figures, and service delivery strategy. Improved coordination among partners also was given priority during this period.

This second and final report covers UNICEF Afghanistan Emergency Rehabilitation Programme for the period January to December 1995. Of the generous contribution of **US\$1,878,045.27** received from the Government of the United States, a total of **US\$1,875,211.70** has assisted UNICEF in providing the required quantities of vaccines to cover urban and rural areas in Afghanistan, and to implement its EPI programme redesigned in 1994.

The balance of **US\$2,833.30** will be utilized to cover operational costs for 1996 immunization campaigns, thus allowing UNICEF to remain strongly committed to maintaining a presence in Afghanistan and bringing assistance to populations in need.

INTRODUCTION

In 1995, the Special Mission dispatched to Afghanistan last year by the Secretary-General of the United Nations continued its efforts to pave the way for a peaceful solution of the Afghan crisis. Intensive consultations with all political parties and discussions with foreign representatives had led to the announcement in February, that a broadly based mechanism for a peaceful transfer of power was expected to be convened during the month. This mechanism would be composed of representatives of political parties and a number of Afghan personalities with the priority to establish a country-wide cease-fire after the transfer of power. However, on 22 February, it was postponed to

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21 March. This postponement followed a request from President Rabbani that the newly emerged Taliban forces, who had been consolidating their position in neighbouring provinces and were approaching Kabul, be included in the negotiation process.

In March, after fifteen months of the most intensive fighting, the forces of President Rabbani took control of the entire city of Kabul, pushing the opposition out of rocket range. Since then, and up to August, Kabul was generally quiet, except occasional brief rocket attacks. At the time, the return of calm encouraged many thousands of families to return or to move back to their homes in the southern part of the city from temporary refuges in the northern suburbs. The end of the economic blockade of the city had allowed the return of international staff to Kabul, and the expansion in the level of U.N. humanitarian assistance programmes. However, in September, Herat province fell to the Taliban causing the temporary evacuation of U.N. international staff to Iran. Since then, and until now, the Taliban have been consistently attacking Kabul with the aim to overthrow the government of President Rabbani.

SUMMARY OF BACKGROUND TO THE PROGRAMME

Renewed fighting that broke out in Kabul and elsewhere in March 1995, the taking over of 14 of the 31 provinces of Afghanistan by the Taliban, and the current battle for Kabul have resulted in a continuing focus on Afghanistan's emergency needs. The fighting, which has touched most provinces of the country over the years, has caused widespread destruction and displacement. The human cost of the fratricidal war has been high. Since the beginning of the war, over one million people have been killed, 2.5 million injured or disabled, 5-6 million have become refugees, and over 2 million more have been internally displaced.

The people of Afghanistan, both rural and urban populations, exist on the edge of survival. Even small disasters, whether natural or man-made, can place them at immediate life-threatening risk. The "poorest of the poor" have found themselves in increasingly desperate straits, particularly when the effects of fighting and military blockades have choked off supplies and caused price increases for all basic necessities. They also have limited access to health services, safe water and sanitation, and education.

Malnutrition generally affects 20-40% of children under the age of five, and a general lack of knowledge on balanced food preparation and consumption practices contribute to poor nutritional status, especially among weaning-age children. Delays in introducing supplementary foods further aggravate the problem. Maternal complications at child birth are compounded by anaemia, poor nutrition and health conditions of women between the ages of 15-45 who have very limited access to health services, when they still exist.

In the chaotic situation where central government authority over the regions has disappeared, UNICEF no longer has a clear government hierarchy and counterpart institutions with which to work. Therefore, to implement activities for women and children, linkages had to be initiated with the local authorities.

Against this background, during 1995, UNICEF focussed its efforts towards the development of a self-sustaining health system through the introduction of local level planning, of capacity building for key staff in government and NGOs, of a unified reporting system, and on identifying clear responsibilities among NGOs for boosting the EPI coverage in geographically demarcated areas.

The contribution from the Government of the United States was received at a very crucial period thus allowing to maintain continuity in the programme implementation. This contribution was utilized for the procurement of cold chain equipment, vaccines and other related supplies for regular EPI activities, and for financial support to the Regional Management Teams (RMTs) and to technical staff.

ACCOMPLISHMENTS DURING THE PERIOD COVERED BY THIS REPORT

During the year, the major thrusts for the implementation of the programme included the establishment of five EPI Management Teams at the regional and provincial levels; the promotion of fixed points with cold chain facilities and community level outreach sites for the provision of regular immunization services thus reducing mobile teams operations; the maintenance and establishment of five regional and provincial Vaccine Storage Facilities (VSF) with the expansion of cold chain facilities at the district level; the organization of two Mass Immunization Campaigns (MIC) and one Catch-up Immunization Campaign (CIC); the provision of financial assistance to major NGOs for the extension of immunization services to districts not covered by RMTs; and the strengthening of capacity building for different categories of staff from the MOPH and NGOs for an effective management and service delivery.

i. Expanded Programme on Immunization (EPI)

Without a central government administrative and financial capacity to provide general policy and operational guidelines, UNICEF largely depends on these newly established RMTs in Kabul, Mazar-i-Sharif, Herat, Jalalabad, and Kandahar. Regional Directors appointed by the MOPH are responsible for fixed centres at the provincial and district levels, which in turn play a supportive role in the delivery of services through field staff.

For the three regions, out of eight, not covered by the RMTs, contractual arrangements were made with NGOs for the implementation of EPI through their own administrative set-up. UNICEF Field Offices work closely with these RMTs and NGOs for the planning, the implementation and the monitoring of the programme. EPI services are mostly provided from fixed centres at the district level and by mobile teams for populations living in remote areas. Community level outreach sites started functioning on a limited scale with monthly visits from the vaccinators based at the fixed centres.

For storage of vaccines inside Afghanistan, UNICEF supports the operation of five regional and 13 provincial cold rooms which are maintained by the MOPH and the NGOs, and at the district level, fixed centres are being equipped for short-term conservation of vaccines. Furthermore, in the five regions, VSFs have been upgraded to store a total of four million doses of vaccines.

In addition, Provincial Management Teams (PMTs) have been set up in 13 provinces (out of 31) as an extended wing of the RMTs. A detailed Project Plan of Action was prepared for 1995 and shared with all counterparts. On this basis, specific workplans were prepared by the five EPI Regional Management Teams, and the status of implementation has been reviewed periodically as well. Immunization services have been extended to 92 urban and 258 rural fixed centres where standardized cold chain equipment have been installed. Similarly, the process for the establishment of outreach sites at the village level has started in selected areas.

The immunization coverage level for the period January to September 1995 shows in the table below a steady increase compared to the same period last year. DPT and Measles coverage, in particular, rose significantly due to the expansion of service delivery outlets and the injection of multiple antigens during the vaccination campaigns. A new initiative has been taken to provide TT vaccination to childbearing age girls attending high school and college. So far, 6,200 girls have received TT vaccination in the Northern and Eastern regions of the country. A graph extracted from the preliminary coverage report received from the MOPH and the NGOs is attached (see Annex 1).

ANTIGENS	1994	1995
BCG	271,814	275,765
Measles	244,781	511,174
DPT/OPV1	236,646	1,107,455
DPT/OPV3	105,267	367,850
TT1	226,718	1,106,380
TT2	150,939	760,906
TT3	164,818	216,348

To strengthen capacity building, a vaccination refresher training manual has been developed and will be used to train 500 vaccinators. Nineteen staffs at the regional level have already been trained as future trainers, and 55 newly recruited government and NGO staffs have received basic EPI training. In addition, a planning workshop is scheduled for January 1996 for a total of 25 RMT members, NGO managers and UNICEF/WHO Field Officers. A monitoring system introduced by UNICEF for the control of supplies released according to absorption capacity and stock level is operational and is being used by selected RMTs.

Furthermore, for training in the areas of management, social mobilization, combined service delivery and communication skills, UNICEF, WHO and AVICEN are collaborating in the design of a long-term skill development plan for key staff. A regular system for the organization of refresher training courses is in place, and efforts to establish regional level capacity for planning and organizing training according to local needs are ongoing.

ii. Mass and Catch-up Immunization Campaigns (MIC/CIC)

As previously reported, the first round of the MIC took place in November 1994. The second and third rounds were carried out in April and May/June this year, and aimed to vaccinate two million children under the age of five years against Polio and 500,000 women of childbearing age against Tetanus. In addition, women and children living in iodine-deficient areas received oral iodine oil.

Throughout the country, 3,600 posts manned by an average of 11,600 volunteers and health workers trained to vaccinate were opened in 230 districts. These efforts also contributed significantly towards the acceleration of regular programme implementation through the expansion of cold chain facilities at various locations and the establishment of fixed centres at the district level. A graph extracted from the coverage reports for the second and third rounds is attached (see Annex 2).

The lessons learned from the implementation of the first two rounds of the mass immunization campaign allowed for better preparations for the last round. The improvement of the coordination mechanism between UNICEF, the RMTs, and provincial and districts supervisors led to a more realistic assessment of the local authorities/community capacity for implementation. In addition, the campaign created a sense of responsibility within the community towards children's health, and it also enhanced the RMTs' commitment to EPI.

For instance, in Mazar-i-Sharif, timely receipt of supplies made it possible to dispatch them within the region for advance distribution at the provincial and district levels. Community participation between rounds had grown in intensity and more community leaders got involved and provided support. At the district level, more vehicles were made available to the vaccinators to cover remote areas. Other U.N. agencies and NGOs also showed greater interest in the campaign as a fleet of 15 vehicles was provided for transportation of the teams.

In Kandahar, the UNICEF Office, closed due to fighting in March and April of 1993, was reopened in May 1995 with one international staff member assisted by four national staffs, and programme implementation was begun in June. Doses of vaccines, vitamin-A capsules and other related supplies were provided by UNICEF for the third round of the MIC. Meetings were held with the Regional Department of Health and AVICEN to discuss collaboration for the implementation of EPI. The health authorities provided a building at the provincial hospital for the set-up of a regional cold chain centre.

UNICEF, WHO and the MOPH provided technical and policy guidelines at the national level. Overall planning and organization for the campaign essentially took place at regional and provincial levels with intense managerial and technical support from UNICEF Field Offices. These Offices also played a pivotal role in mobilizing local resources, ensuring safe passage of supplies to remote areas, and organizing social mobilization efforts with local talents.

Pushto and Dari programmes of the Voice of America (VOA) and the British Broadcasting Corporation (BBC) were used to broadcast nation-wide information about the MIC. Specific slogans were developed for the occasion, and religious leaders also played a key role in disseminating information on the campaign at the mosques. A religious sermon linking vaccination with child care in Islam was developed and given to the religious leaders for distribution during Friday prayers.

However, due to constraints such as unfavourable weather conditions, internal migration of population and deteriorating security situation in certain parts of the country, results for routine immunization activities show that these are not sufficient to achieve the yearly target. As a result, a Catchup Immunization Campaign (CIC) was carried out in November and December to cover the children and mothers who had dropped out or had been left out during regular immunization sessions.

This step is seen as an important one towards increasing the coverage for the year; simultaneously, another round of prophylactic vitamin-A supplementation provided to eligible children was organized. Services were provided by a total of 2,187 health workers/vaccinators and 584 volunteers through 120 fixed centres and 510 campaign posts. UNICEF Field Offices in collaboration with NGOs carried out the campaign in 150 districts with low coverage in seven regions. The preliminary coverage reports received from the field indicate satisfactory results. Based on this positive experience, this new initiative will continue to be implemented next year.

To gradually provide other essential health services to mothers and children, UNICEF has introduced the "EPI Plus" package as part of its health programme. As the first component of EPI Plus, the administration of vitamin-A capsules combined with EPI service delivery has started. Similarly, the recording and reporting have been integrated with regular EPI reporting. These services are being provided through the EPI delivery points, and in 1996, the expansion of fixed centres and the establishment of community level outreach sites will allow for delivery of the other EPI Plus health components.

Four major NGOs are responsible for the implementation of EPI in 107 districts. They will cover 62,279 children and 41,081 women who represent approximately 14% of the total EPI target population in the country. A Coordination Committee has been established to regularly review coverage progress, collaboration among partners, share experiences and address operational problems.

CONSTRAINTS

The upsurge of fighting in Kabul between Government forces and the Taliban saw the total destruction of the UNICEF warehouse by rockets in March 1995. The UNICEF Office also was not spared when it was hit by four rockets between 8 and 11 March, seriously damaging the premises and some vehicles parked in the compound. At the time, the international staff present on rotation had to be evacuated to Peshawar.

In addition to the unstable political situation in the country during this reporting period, the EPI programme has been facing many other constraints. These include unfavourable weather conditions and difficult geographic terrain which limit access to many areas for much of the year. Another major challenge is ensuring reliable energy supply to power cold chain equipment. Logistical constraints and export formalities often cut off resupplies of gas cylinders and petrol from neighbouring countries.

With Kabul in conflict, the central system of administration, planning, financing and supervision only has limited contact with the regions and provinces. Regional officials are expected to implement the programme with limited experience or training, and a lack of transportation renders difficult supervision. Meanwhile, a shortage of government health personnel, who have either left the country or sought alternate means of income in the face of non-payment of salaries, continues to reduce the efficiency of EPI service delivery.

Similarly, it has not yet been possible to establish a regular reporting system, and consequently, timely compilation and submission of reports, and proper feedback have been seriously hampered. Furthermore, due to internal population displacement, it is difficult to set target groups by district and province, and to provide a realistic assessment of the EPI coverage in each of the administrative units.

As well, the plan for the fast expansion of service delivery to some outlying provinces has been delayed due to four major constraints. They include the destruction and/or non-existence of health centres in many districts, the shortage of trained health personnel to operate EPI fixed centres and cold rooms, the continued civil strife, and the delay in establishing management structures.

All of the above plus the fact that UNICEF operates in a highly fluctuating emergency, including security and logistical constraints, requires constant readjustment and/or reduction of funds already called-forward. In addition, when the security situation improves, deliveries must be balanced against limitation of storage capacity and dangers of looting in case of political changes and instability.

FUTURE WORKPLAN

UNICEF plans to overcome some of these operational constraints through the following actions: the strengthening of the RMTs and PMTs to prepare and implement regional and provincial plans; the introduction of annual project planning and quarterly review systems at the provincial level; the organization of mass immunization campaigns in 1996-97 to provide vitamin-A capsules plus Polio vaccination as part of a global Polio eradication campaign and to increase the vaccination coverage; and the expansion of the number of vaccination outlets by establishing fixed centres and outreach sites in at least 200 districts.

The successful implementation of the mass immunization campaign is a resounding proof that despite the differences of opinion, agreement among warring factions is still possible when it comes to the survival and development of their children. Therefore, UNICEF will continue to provide assistance to the needy women and children of Afghanistan with a view of laying a foundation for sustainable development activities.

The contribution from the United States provided this Office with the opportunity to do so and to keep alive among people the hope for a better tomorrow. More donations of this nature are needed for the country programme covering the period 1996-1999 to contribute to the rehabilitation of the social services in Afghanistan.

UTILIZATION OF DONOR FUNDS

Donor: United States of America
PBA Number: SC/94/0240-1
Programme Number: MM201
Description: Emergency Rehabilitation Programme
Period covered by Report: January to December 1995
Total funds pledged:*
Total available for programme implementation: **US\$1,878,045.00**

Call Forward

<u>Number</u>	<u>Description</u>	<u>CF Value</u>
A. Supply		
SCF-AFGA/94/1419-1	Syringes and needles for EPI - Peshawar	140,173.35
SCF-AFGA/94/1420-1	Cold chain equipment - Peshawar	46,145.71
SCF-AFGA/94/1422-1	EPI cold chain equipment - Peshawar	65,016.08
SCF-AFGA/94/1423-1	EPI cold chain equipment - Peshawar	22,512.23
SCF-AFGA/94/1451-1	Supplies and equipment for rural EPI - Afghanistan	166,986.69
SCF-AFGA/94/1453-1	Retinol caps for rural EPI - Afghanistan	22,511.67
SCF-AFGA/94/1454-1	EPI vaccination registers - Peshawar	5,427.63
SCF-AFGA/94/1481-1	Toyota pick up for EPI - Peshawar	48,968.00
SCF-AFGA/94/1485-1	Supplies and equipment for EPI - Peshawar	4,273.93
SCF-AFGB/94/1107-1	Syringes and needles for EPI - Mazar	70,030.47
SCF-AFGB/94/1125-1	Supplies and equipment for rural EPI - Mazar	105,839.83
SCF-AFGC/94/1203-1	Syringes and needles for EPI - Herat	25,847.92
SCF-AFGC/94/1214-1	Supplies and equipment for rural EPI - Herat	72,782.18

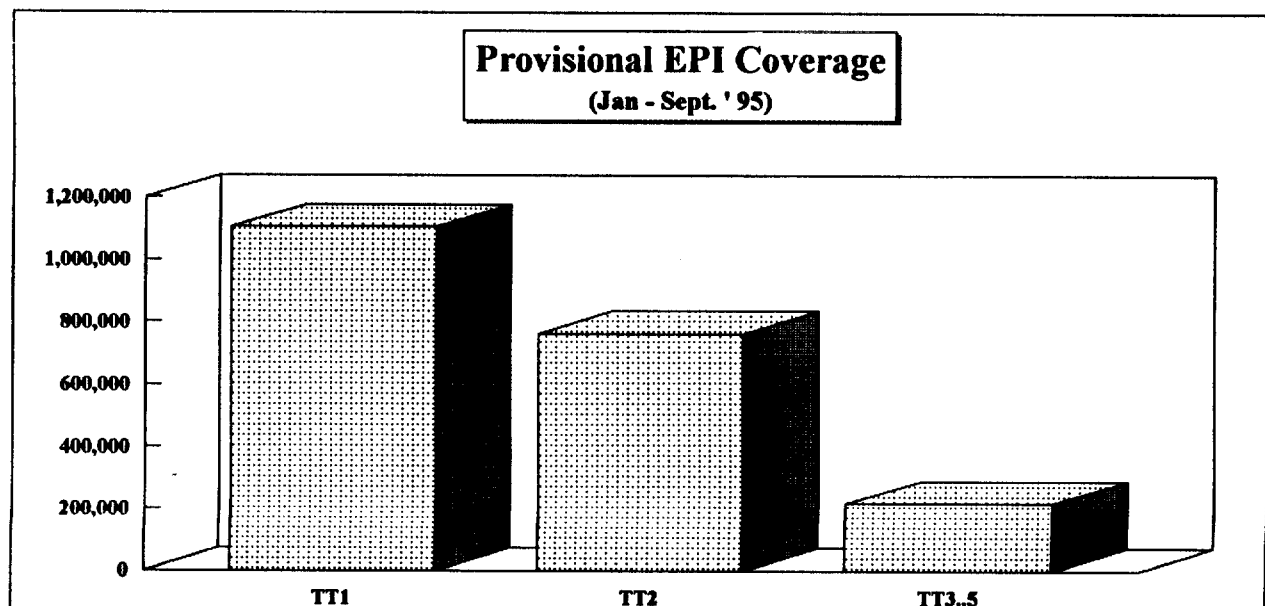
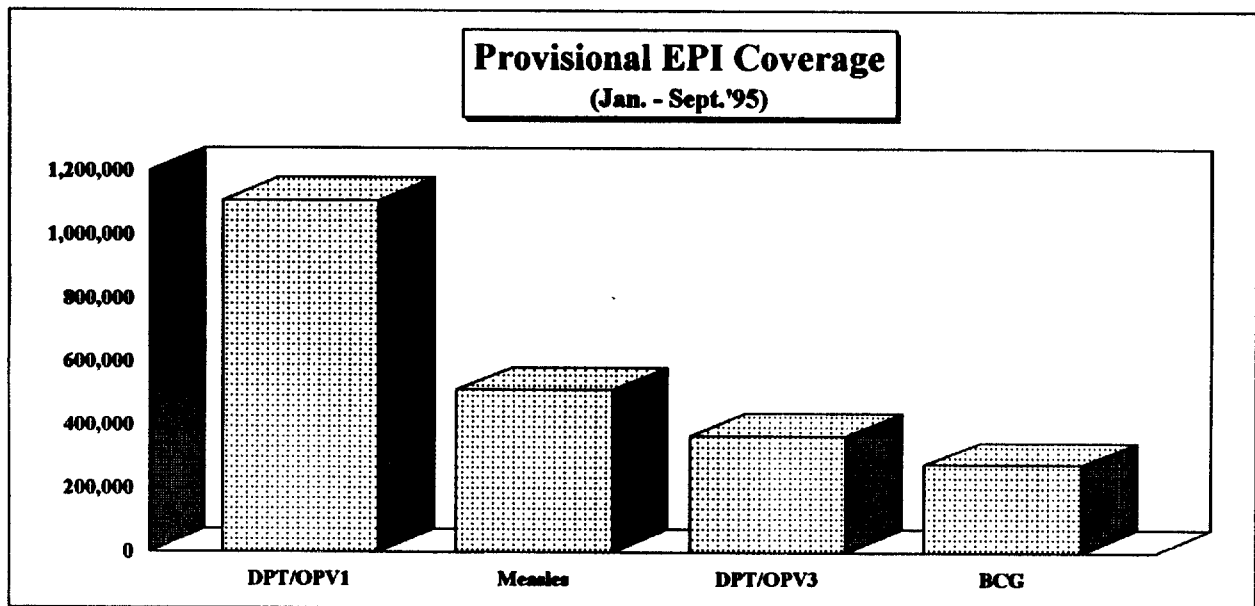
<u>Number</u>	<u>Description</u>	<u>CF Value</u>
A. Supply (cont'd)		
SCF-AFGP/95/1030-1/1	Bicycles for EPI projects - Kabul	7,839.00@
SCF-AFGP/95/1131-1	Supplies and equipment for EPI projects - Mazar	7,147.00@
SCF-AFGP/95/1227-1	Bicycles for EPI projects - Herat	4,000.00@
SCF-AFGP/95/1312-1	Bicycles for EPI projects - Jalalabad	4,000.00@
SCF-AFGP/95/1522-1	Office equipment for emergency base - Kabul	11,650.00@
SCF-AFGP/95/1524-1	Office equipment for emergency base - Peshawar	13,394.06@
SCF-AFGP/95/1525-1	Vaccines for EPI - Peshawar	100,694.95@
SCF-AFGP/95/1567-1	DPT vaccines for EPI - Peshawar	66,442.00@
SCF-AFGP/95/1568-1	Vaccines for EPI - Peshawar	95,646.00@
SCF-AFGP/95/1586-1	Cold chain equipments - Peshawar	30,622.00@
SCF-AFGP/95/1587-1	Sterilization equipment and spare parts - Peshawar	7,634.00@
SCF-AFGP/95/1588-1	Syringes and needles for EPI - Peshawar	251,155.00@
SCF-AFGP/95/1593-1	Vaccines for EPI - Peshawar	104,000.00@
SCF-AFGP/95/1595-1	Vaccines for EPI - Peshawar	46,800.00@
SCF-AFGP/95/1596-1	Vaccines for EPI - Peshawar	46,800.00@
SCF-AFGP/95/1624-1	Bicycles for EPI projects - Kandahar	4,000.00@
SCF-AFGP/95/1700-1	Cold chain and refrigeration equipment - Peshawar	16,727.00@
SCF-AFGP/95/1701-1	Cold chain spare parts - Peshawar	2,286.00@
SCF-AFGP/95/1703-1	Spare parts for refrigerators - Peshawar	1,514.00@
SCF-AFGP/95/1712-1	Stationary for EPI RMT - Afghanistan	8,122.00@
S/Total for Supplies		1,626,988.70

<u>Number</u>	<u>Description</u>	<u>CF Value</u>
B. Cash		
CCF-AFGD/95/0510	Operation cost CIC - Kandahar	11,076.00@
CCF-AFGF/95/0310	Maintenance of cold room - Jalalabad	1,342.00@
CCF-AFGP/95/0675	Operational cost of mass immunization campaign	2,166.00@
CCF-AFGP/95/0676	Operational cost of mass immunization campaign	3,873.00@
CCF-AFGP/95/0677	Operational cost of mass immunization campaign	764.00@
CCF-AFGP/95/0687	Operation cost for MIC - Afghanistan	81,078.00@
CCF-AFGP/95/0693	Operation cost for EPI in Afghanistan - NAC	6,000.00@
CCF-AFGP/95/0694/2	Operation cost for EPI in Afghanistan - SCA	37,000.00@
CCF-AFGP/95/0695/2	Operation cost for EPI in Afghanistan - IRC	35,000.00@
CCF-AFGP/95/0724	General operation cost of CIC - Afghanistan	19,924.00@
CCF-AFGP/95/0895	Salary allowances of EPI Monitoring UNV - Peshawar	25,000.00@
CCF-AFGP/95/0896	Salary allowances of EPI Monitoring UNV - Peshawar	25,000.00@
S/Total for Cash		248,223.00

Grand Total of funds committed: **US\$1,875,211.70**

Total funds still available: **US\$ 2,833.30**

* Information to be provided by PFO
@ New CFs



Mass Immunization Campaign
(2nd & 3rd round)